



**Ready4Canada**  
Immigration Services

CANADA REVENUE AGENCY BUSINESS NUMBER		OFFICIAL COMPANY NAME	
COMPANY TRADE NAME		TYPE OF BUSINESS	
MAILING ADDRESS OF THE COMPANY			
COMPANY'S PHYSICAL ADDRESS			
IS THE COMPANY A FRANCHISE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	COMPANY WEBSITE	
THE START DATE OF THE COMPANY		TYPE OF BUSINESS	
<b>CONTACT PERSON IN THE COMPANY</b>			
FAMILY NAME		FIRST NAME	
JOB TITLE		PHONE NUMBER	
E-MAIL			
<b>INFORMATION ON THE COMPANY</b>			
NUMBER OF EMPLOYEES AT THE NATIONAL LEVEL		NUMBER OF EMPLOYEES AT THE INTENDED WORK SITE	
NUMBER OF CANADIAN CITIZENS AND RESIDENTS PERMANENT EMPLOYED AT WORKSITE		TOTAL NUMBER OF WORKERS FOREIGNERS CURRENTLY EMPLOYED AT WORKSITE	
HAVE YOU MADE A REQUEST FOR LMIA FOR PREVIOUS FOREIGN WORKERS? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, DID YOU ALWAYS MAINTAIN THE SAME WORKING CONDITIONS AS STIPULATED IN THE ORIGINAL JOB ADVERTISMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		
HAVE YOU RECEIVED A REFUSAL OR REVOCATION OF A LMIA? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please give details			



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HAVE YOU LAID OFF EMPLOYEES IN THE PAST 2 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please give details (including the amount and position names)					
IS YOUR COMPANY RECEIVES THE SUPPORT FROM A WORK-SHARING PROGRAM OF EMPLOYMENT AND SOCIAL CANADA DEVELOPMENT PROGRAM? YES <input type="checkbox"/> NO <input type="checkbox"/>					
<b>INFORMATION ON EMPLOYMENT</b> (please complete this section again for each position name)					
NUMBER OF POSITIONS TO BE FILLED		JOB TITLE		EXPECTED DURATION	
START DATE		THE WORKPLACE WILL BE THE SAME AS THE PHYSICS OF THE COMPANY ADDRESS YES <input type="checkbox"/> NO <input type="checkbox"/> If not, write the address			
TASK DESCRIPTION					
POSITION REQUIREMENTS (education, experience, skills, professional title, etc.)					
REQUIRED SPOKEN LANGUAGE(S)			REQUIRED WRITTEN LANGUAGES(S)		
ANNUAL OR HOURLY SALARY		NUMBER OF HOURS PER WEEK		SALARY RANGE	
DESCRIPTION of the benefits (including vacation days)				IS THE POST IT UNIONIZED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU TRIED TO RECRUIT CANADIANS OR RESIDENTS PERMANENT FOR THIS POST? YES <input type="checkbox"/> NO <input type="checkbox"/>					



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If Yes, please indicate the advertisement places and dates			
PLEASE DESCRIBE THE BENEFITS AND REASONS TO HIRE A FOREIGN WORKER FOR THIS POST WORKER			
I WILL ASSIST THE FOREIGN WORKER IN OBTAIN PERMANENT RESIDENCE IN CANADA YES <input type="checkbox"/> NO <input type="checkbox"/>		I'M READY TO DIVERSIFY MY RECRUITMENT MEASURES IN ORDER TO TRAIN OTHER CANADIANS OR PERMANENT RESIDENTS IN ORDER TO EVENTUALLY REPLACE THE FOREIGN WORKER YES <input type="checkbox"/> NO <input type="checkbox"/>	
WILL YOU ATTEND THE FOREIGN WORKER TO FIND A HOUSING (mandatory for low pay) YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please describe the assistance you will be providing)			
PLEASE DESCRIBE ADDITIONAL MEASURES OF RECRUITMENT (other than advertisement) THAT YOU ARE READY TO USE IN ORDER TO FIND CANADIANS OR RESIDENTS PERMANENT FOR THIS POSITION			
NAME OF THE PERSON WHO COMPLETED THE FORM		DATE	